TheStandard℠
Positively different.

Enrollment and Change Form (Active Members ONLY)

Mark all boxes and complete all sections that apply. Return completed form to Human Resources.

APPLICANT

Your Name (Last, First, Middle)	Group Name	Policy Number
	City of Chicopee	146562

Address	City	State	Zip

Social Security #	Date of Birth	Gender	Job Title/Occupation
		☐ Male ☐ Female	

LIFE

Check with your Human Resources/Benefits Department about coverage options available to you and Evidence of Insurability requirements.

Life Insurance

☐ Basic Life and AD&D 50% Employee Paid (Flat $20,000)

☐ Dependent Life 100% Employee Paid (Spouse: $10,000 Child(ren): $5,000)

☐ Additional Life Insurance 100% Employee paid (Multiples of $10,000, from $10,000 to $200,000) Amount Requested: $_____

BENEFICIARY

This designation applies to Life/Life with AD&D Insurance available through your Employer, if any. Designations are NOT valid unless signed, dated, and delivered to your Employer during your lifetime. See page 2 for further information.

Primary- Full Name	Address	Social Security #	Relationship	% Benefit
Contingent- Fill Name	**Address**	**Social Security #**	**Relationship**	**% Benefit**

CHANGE

Use this section only when you wish to make a change after insurance becomes effective. Complete all boxes and sections that apply.

☐ Add Dependent ☐ Delete Dependent ☐ Name Change ☐ Beneficiary Change

Date of Add/delete _____ Former name _____ ☐ Other _____

SIGNATURE

I wish to make the choices indicated on this form. If electing coverage, I authorize deductions from my wages to cover my contribution, if required, toward the cost of insurance. I understand that my deduction will change if my coverage or costs change.

_____

Member/Employee Signature Required Date (Mo/Day/YR)

Human Resources/Benefits Department- Complete this section. Retain form for your records

Class 1	Billing Category	Date of Hire/Rehire	Hours Worked Per Week	Earnings
Active				$_____ Per: ☐Hour ☐Week ☐Month ☐Year

Beneficiary Information

* Your designation revokes all prior designations.

* Benefits are only payable to a contingent Beneficiary if you are not survived by one or more primary Beneficiary(ies).

* If you name two or more Beneficiaries in a class:

    1. Two or more Beneficiaries will share equally, unless you provide for unequal shares.

    2. If you provide for unequal shares in a class, and two or more Beneficiaries in that class survive, we will pay each surviving Beneficiary his or her designated share. Unless you provide otherwise, we will then pay the share(s) otherwise due to any deceased Beneficiary(ies) to the surviving Beneficiaries pro rata based on the relationship that the designated percentage or fractional share of each surviving Beneficiary bears to the total shares of all surviving Beneficiaries.

    3. If only one Beneficiary in a class survives, we will pay the total death benefits to that Beneficiary.

* If a minor (a person not of legal age), or your estate, is the Beneficiary, it may be necessary to have a guardian or a legal representative appointed by the court before any death benefit can be paid. IF the Beneficiary is a trust or trustee, the written trust must be identified in the Beneficiary designation. For example, “Dorothy Q. Smith, Trustee under the trust agreement dated _____.”

* A power of attorney must grant specific authority, by the terms of the document or applicable law, to make or change a Beneficiary designation. Of you have any questions, consult your legal advisor

* Dependents Insurance, if any, is payable to you, if living, or as provided under your Employer’s coverage under the Group Policy.